FAIRFIELD-NIRASAKI SISTER CITY PROGRAM: EXCHANGE STUDENT APPLICATION

Congratulations on your interest in the Fairfield-Nirasaki Sister City Program!

Each year the City of Fairfield sends six students and a chaperone to Nirasaki, Japan, for a three-week student exchange during the month of July. During the visit, the students live in the homes of host families and participate in a wide variety of activities sponsored by our Sister City. Students have the opportunity to visit schools in Japan, tour historical and cultural sites, and experience the culture and lifestyle of a Japanese family. Students who have entered 9th grade as of Fall 2018 are eligible to apply.

The exchange involves certain expenses: airfare to and from Japan, the cost of a rail pass and 3-day excursion, gifts to the host family, and personal spending money for the trip. These costs normally total no more than \$2,800, depending on airfare costs and the current exchange rate. All other costs while in Japan are paid by the City of Nirasaki and the host families. Fundraisers may be organized by the students and their families, working with the Sister City Committee, to help with these expenses.

The selected students and their families are expected to participate in Sister City program activities, fundraising activities, and meetings for at least one year after the exchange trip, and to host a student visitor from Nirasaki during their winter exchange (December/January).

Please find attached an application form and two reference letters (to be filled out by teachers, school administrators, or community members who know you well). At least one letter must be from a teacher who has taught you in a classroom setting. The application <u>and</u> reference letters must be returned by <u>Thursday</u>, <u>January 24</u>, <u>2019</u>, to:

Arletta Cortright, Chairperson
Fairfield-Nirasaki Sister City Committee
City of Fairfield
City Manager's Office
1000 Webster Street
Fairfield, CA 94533
(707) 426-5603 (home phone)
fairfieldsistercity@gmail.com

All applications will be reviewed and ranked, based on the responses to the questions in the application, reference letters, and the applicant's participation in the Sister City Program. Top-ranked applicants will be invited to attend an individual interview. Interviews are normally scheduled within three weeks after the application deadline, and are conducted by members of the Sister City Committee, usually on a Sunday. All applicants can expect to be notified of their status by letter or e-mail within three weeks after the application deadline. Selection of the members of the student group will be completed by the end of February. If you have any questions, please contact Arletta Cortright, committee chairperson.

FAIRFIELD-NIRASAKI SISTER CITY PROGRAM

Name		Date of Birth	Gender
Address		City	Zip
Telephone	Cell Phone	E-Mail	
School		Grade level	G.P.A
Father's/Guardian's I	Name	Occupation	Age
Mother's/Guardian's	Name	Occupation	Age
	others & Sisters		
What do you know ab	out the Sister City Program	?	
Have you participated	l in any Sister City program	activities? If so, which o	ones?
	o to Japan?		
What community/volu	inteer activities have you pa	rticipated in?	
What honors/awards/	recognitions have you receiv	ved?	

Do you have a part-time job? Yes No If yes, please describe				
Do you speak any foreign languages? Yes	No			
	Fluency (5 being highest) 5 4 3 2			
Language	Fluency (5 being highest) 5 4 3 2			
Language	Fluency (5 being highest) 5 4 3 2			
What extra-curricular/athletic activities are you	u involved in?			
What artistic interests do you have?				
XX/hat avalities do vou massass that would make	way a good student ambaggadan?			
what quanties do you possess that would make	you a good student ambassador?			
What do you hope to learn from your trip and lothers?	how do you plan to share the things you learn wi			
How will you enrich the Sister City program af	ter your trip to Japan?			

Please describe your most meaningful travel experience, hosting experience, or experience with others outside your community.		
Do you have any special dietary restrictions/allergies' If yes, please explain		
Do you have any special medical problems/restriction If, yes, please explain		
	ast one should be from a teacher.): Telephone	
Address 2. Name	Telenhone	
Address		
As a participant in the Sister City program, you and 1. Participate in the Sister City activities and mo your trip to Japan.	onthly meetings for at least one year following	
2. Host a Japanese exchange student during the		
3. Provide your own funds for your tripusuall4. Abide by the requirements and responsibilities	·	
and the Sister City program (including dress of City Committee).		
5. Participate in all activities during the trip to N	Jirasaki.	
6. <u>Share your experiences</u> with fellow students an	nd with the community.	
By signing below, <u>I understand and agree to abide by</u> responsibly the City of Fairfield and the Sister City C		
Signature of Applicant	Date	
By signing below, I feel that the Applicant has a clear Program to Nirasaki, Japan, and, if selected, has my understand and agree to the requirements and responsation to as a best family.	permission to participate. Furthermore, <u>I</u>	
participate as a host family.		
Signature of Parent or Guardian	Date	

REFERENCE LETTER

The following student has applied to be part of a three-week student exchange with the Fairfield-Nirasaki, Japan Sister City program. During this period, six local students will travel to Japan and will live with separate families in Fairfield's Sister City during the summer of 2019. Please provide a reference for this applicant and return this letter <u>by January 24, 2019</u> to:

Arletta Cortright, Chairperson Fairfield-Nirasaki Sister City Committee City of Fairfield City Manager's Office 1000 Webster Street Fairfield, CA 94533 (707) 426-5603

Applicant's Name

Your Name	Your Telephone			
Your relationship to the Applicant				
Please describe why you feel the applicant should be selected as an exchange student.				
G * 4	D .			
Signature	Date			

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